

Date Received

Date Issued 4-10-2020

2020-2021

License No. RB-26466

Uniform Alcoholic Beverage License Application

A. Owner Name and Mailing Address

WILLIAM ROSS
3712 MEDARY AVE
BROOKINGS, SD 57006

B. Business Name and Address

Lic # RB-26466
GOOD ROOTS FARM & GARDENS
3712 MEDARY AVE
BROOKINGS, SD 57006

Owner's Telephone#: (605) 691-1776

Business Telephone #: (605) 691-1776

C. Indicate the class of license being applied for (submit separate application for each class of license).

- ☐ Retail (on-sale) Liquor
☐ Retail (on-sale) Liquor - Restaurant
☐ Convention Center (on-sale) Liquor
☐ Package (off-sale) Liquor
☐ Retail (on-off sale) Wine and Cider
☒ Retail (on-off sale) Malt Beverage & SD Farm Wine
☐ Package Delivery
☐ Hunting Preserve
☐ Other _____

Place of business is located in a municipality? ☐ Yes ☒ No

County: Brookings

Do you own ☒ or lease ☐ this property? (Check one)

Are real property taxes paid to date? ☒ Yes ☐ No

D. Legal description of licensed premise:

SW 1/4 NW 1/4 E9C
S250' of W600 & Hwy
Use Acreage Sec 12-110-50

Is this License in active use? ☒ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☒ No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses?

☐ Yes ☒ No If Yes, please list on the back page

E. State Sales Tax Number: 1025-7225-ST

F. New license? _____ Transfer? (\$150) _____ Re-issuance? ☒

G. CERTIFICATE The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-5-2020 Print Name William Ross Signature William Ross

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published _____ . Public hearing on the application was held _____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Renewal - no public hearing held ☒

Amount of fee collected with application \$ 300.00

Amount of fee retained \$ 150.00

Forwarded with application \$ 150.00

For Local Government Use

Transferred (State Use)

(Seal) _____
Mayor or Chairman

From _____

Sales tax approval _____ Date _____

If disapproved, endorse reason thereon and return to applicant

STATE LIQUOR AUTHORITY: APPROVAL _____ REVIEW _____

Please complete reverse side

Company supplement information
(For corporate/partnership/LP/LLC applicants)

Name of corporation/partnership/LP/LLC Good Roots Farm & Gardens LLC
Address of office and principal place of business of corporation/partnership/LP/LLC 3712 Medary Ave Brookings SD
Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? ☒ Yes ☐ No

Name, title of office, occupation and address of each of the officers/owners of the corporation, partnership, LP, or LLC:

Name	Office	Address	Occupation
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<u>William Ross</u>	<u>Director</u>	<u>3712 Medary Ave Brookings SD</u>	<u>Farmer/Landlord</u>
<u>TJ Ross</u>	<u>Director</u>	<u>"</u>	<u>wellness coach</u>

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other alcoholic beverage license:

Name	Type of License, License Number, Financial Interest Held, and Address of Business Location
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Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc?

3712 Medary Ave Brookings SD

With signature the applicant agrees to the following:

That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to comply therewith, whether by the undersigned corporation, partnership/LP/LLC or by any stockholder thereof, or by anyone interested in said company, shall constitute cause for revocation or suspension of any license issued pursuant to and in reliance on this application, or for refusal to renew such license upon expiration thereof.

We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other alcoholic beverage license than that expressly set forth above. If company stock is to be transferred we ask for approval of such voluntary stock transfer.

Signature of Authorized Officer/Director/Partner

Date

William Ross

5-5-2020